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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/US05/12690 04/14/2005

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 04/27/2007**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 1	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

**ADDRESS**  
25279

**TITLE**  
Automatic dose size selection for multi-component fluid proportioners

<b>FILING FEE RECEIVED</b> 600	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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